

**Maryland Cancer Control Plan  
Town Hall Meeting  
Anne Arundel County Public Library  
Linthicum Branch  
Thursday, July 18, 2002**

The second Maryland Comprehensive Cancer Control Plan Town Meeting was held at the Anne Arundel County Public Library, Linthicum Branch on July 18, 2002, from 6:00 to 8:00 p.m. Fourteen persons attended the meeting.

Robert Villanueva, MPA, Executive Director of the Maryland State Council on Cancer Control (the Council), opened the meeting. Mr. Villanueva stated that the 22 member Council reviews the needs of the community in relation to cancer and advises the legislature on relevant policy. The Council is providing oversight to the development of a new cancer control plan to be published next year. There are 15 sub-committees and over 300 persons participating in this process. The goal of the Council at this meeting is to gain knowledge of the issues related to cancer control in Anne Arundel County and the region. He asked that participants be frank and open about the topics addressed.

Mr. Villanueva also provided an introduction to the town meeting concept, explaining that it is a way to keep the community involved. He indicated that the comments will go directly to the appropriate committee and will be used as the basis for the cancer control plan. He encouraged the participants to return in the spring for the follow-up meetings and indicated that the list of participants from today's meeting would be kept and used as a mailing list in the future.

Mr. Villanueva then introduced the panel members: Dr. Katherine Farrell, Anne Arundel County Department of Health; and Marsha Bienia, Director, Center for Cancer Surveillance & Control, Department of Health and Mental Hygiene, who would respond to questions or who might ask for more information. Dr. Farrell welcomed the participants and encouraged comments. Ms. Bienia thanked the participants and indicated that she would take the information back to the Council. Mr. Villanueva also welcomed Fran Phillips, Health Officer, Anne Arundel County Health Department.

Participants were asked to follow the Speaker Guidelines (Attachment I) provided to all attendees. Speakers were asked to:

- a. Limit remarks to 5 minutes
- b. Respond to the 3 questions listed on the Speakers Guide, and/or
- c. Relate comments to the 15 formal committee topics (Attachment II)

It was noted that additional comments or concerns could be mailed or e-mailed to Virginia Thomas at UMBC (contact information listed on the Speakers Guide).

## ***SPEAKERS***

### **Gabriel Ferguson**

#### **Montgomery County**

#### **NIH Dental School Doctoral Student**

Maryland's oral cancer mortality rate is higher than any other state's.

More African American males than white males are diagnosed in advanced stages.

Lack of providers and early identification of this population may be the reason.

Tobacco use is a direct cause, and black males continue a high rate of tobacco use.

Little has changed since 1974 in the mortality rates for oral cancer in Maryland.

All providers need to be educated in oral cancer screening and treatment.

During the last year, there has been an increased emphasis on oral cancer. Ms. Ferguson urged the Council to consider this issue.

### **Sheryl Syme**

#### **University of Maryland Dental School**

Working in direct patient care, she sees that oral cancer is a major problem and wants the emphasis on it to be continued.

Urges the public to ask for oral cancer examinations.

Encourages all providers to do an oral exam.

### **Fran Phillips**

#### **Health Officer, Anne Arundel County Department of Health**

As an introduction, she noted that many present were from the Anne Arundel County Department of Health and are the people who have worked to reduce cancer in the county. She gave special thanks to Mary Ann Woodzelle and Ronna Gotthaiher, who plan and run most of the prevention and screening programs.

Ms. Phillips indicated the bar is very high in the Anne Arundel County Department of Health since the community has for the last 10 years urged the Health Department to work on tobacco control and smoking reduction and other aspects of cancer control and prevention.

The Anne Arundel County Department of Health has a working relationship with the University of Maryland Dental School and has a full-blown dental program with oral cancer screening of its own.

Local Rotary Clubs joined forces and did fund raising for a dental screening mobile that can do oral screening and also provide dental care throughout the county.

### **Fran Phillips' response to panel questions**

It is difficult to prioritize problems in cancer control. For that reason, I will address two areas that cover many of the concerns.

**Clinical** - clinical screening and referral is done for cervical, oral, breast, and skin cancers. The organ is targeted.

Screening should be comprehensive and for the whole person, not just an organ. Screen for everything that the patient might have for their age, race, sex, etc. An example of this idea is a woman who was routinely screened for breast and cervical cancer. When the colorectal program began, she was called for colonoscopy and she has colon cancer. The

point is that she may have had a polyp at an earlier time and the cancer could have been avoided. DO NOT fragment the clinical.

**Environment** - we have a strong program but we don't know enough about all the potential environmental factors that contribute to cancer in our population.

Need to have data system that reviews data and lets the Health Department know early so actions can be taken before the community has to raise the issue.

Need a person to go to for consultation when there is an environmental concern. Dr. Farrell does it for Anne Arundel County Department of Health, but we need a statewide contact.

The state is moving forward to control cancer, as is the Anne Arundel County Department of Health, but counties need the flexibility to target their needs and to do what they need to do to prevent and control cancer.

### **Marsha Bienia**

What does a person do if they need to go to different providers for each of the screenings? What should be done to get the person comprehensive care?

### **Fran Phillips**

Persons with good insurance have a primary care provider who refers the person to the other specialist.

Do not have that for individuals who come through programs at the Health Department, so we look at the organ, not the person.

Look at expanding the funding and creating a comprehensive program for the person's age, sex, and geographic location in the county.

### **Marsha Bienia**

Environment is a complex issue. What expertise would be needed to provide the resource you request?

### **Fran Phillips**

Recommend that a partnership could be formed with Johns Hopkins or University of Maryland that would allow one of their experts to respond to the issues and give information on what the next issue is that might be identified.

### **Dr. Farrell**

Access to academic centers was available some years ago, when there were joint appointments with government and academic settings. Do you think that such a model would be successful?

### **Fran Phillips**

That is not part of my experience (noted that she knows Dr. Farrell still does this), but no money changes hands and that is a problem.

A partnership should be worked out.

**Alice Horowitz**

**NIH Dental Program**

Likes the concept of all screening.

Illinois may already be doing this for low-income persons. They gather specialists who volunteer their time to do this. Will provide the name of a contact there.

**Bob Jones, DDS**

**Eastern Shore**

There is enormous disparity in public knowledge about oral cancer.

Black males are diagnosed with oral cancer and the survival rate is 0.

White females are diagnosed with oral cancer and the survival rate is 70 percent.

Oral cancer is not as well known as other cancers.

The oral cancer rate is equal to cervical cancer, but there isn't coverage for early diagnosis for oral cancers.

Need to have all professionals do the oral exam as well as any other exam they do.

The screening would allow earlier diagnosis rather than in the late stages when the treatment cost is over \$100,000, is disfiguring, and often affects speech and swallowing.

**Dr. Farrell**

Wondering if access to dental care in general is the problem?

**Dr. Jones**

This is true.

About 50 percent of the state's population doesn't have access to dental care and thus to oral cancer screening.

People may have coverage but still do not go for regular examinations and screenings.

There may be cultural issues for African American males, including smoking and not seeing dental care as critical.

**Dr. Farrell**

Are there environmental issues related to oral cancer?

**Dr. Jones**

Yes, there is generally heavy tobacco and alcohol use that is environmental.

Also going to the dentist is low on people's list of concerns.

Maryland has the lowest utilization of services rate for children in the country, and access is near 10 percent. Other states have much higher access rates.

**Dr. Farrell**

This may be that the children cannot use the services until the Medicaid card comes and then they do not feel they need the dental care.

**Dr. Jones**

Reimbursement rates are so low that dentists do not participate and do not see those children.

Do not do as good a job of education with the public regarding the need for care.

**Audience**

Medicaid care does not pay for adults' examinations.

If a person does not have money or insurance, they cannot come in for screening. Once cancer is diagnosed, they can come for care and can get treatment but at that point it is hundreds of thousands of dollars vs. the cost of a screen.

**Marsha Bienia**

Is this the case that Maryland Medicaid does not pay for adult dental care or screening?

**Dr. Jones**

Generally it does not.

**Marsha Bienia**

Would the payment be made if an adult went to another doctor and was screened for oral cancer?

**Audience**

Medicaid will pay for surgery but will not pay for diagnosis.

**Audience Response**

South Korea Dental Student at the University of Maryland Dental School: Korea has a similar situation. Dentists do not recognize how important it is to manage oral cancer. Smoking population is still high. As a Public Health dentist, one could introduce a forum similar to this one to get input and give education.

**Patsy Davis**

**Coordinator for Girl Scouts in Maryland and Colon cancer patient**

Can we get information through the children? Use the scouts, workshops, merit badges to help children know the signs and symptoms and educate themselves and their parents.

Need earlier recognition of symptoms and stress the need for treatment.

**Marsha Bienia**

Do scouts do any skin cancer prevention?

**Ms. Davis**

Not yet

**Kitty Musk**

**Maryland State Department of Health and Mental Hygiene**

Med-Chi has a committee that is trying to address this issue, and Ms. Musk would like to give Ms. Davis' name to the committee.

**Marsha Bienia**

Smoking could also be included.

**Audience Comments**

Health Department has a very good Internet program for all ages, including games that educate young people about cancer.

**Dr. Farrell**

Stated that there are games on tobacco and there will be more topics in the future.  
Can get to all information. Noted that we need to think about children as educators.

**Robert Villanueva**

Centers for Disease Control and Prevention is bringing people together for sun safety.  
New ideas from this meeting could be presented as a way to do more in this area.  
Having the Girl Scouts offer Merit badges would be a great idea.  
Are there any other new partnerships that are working?

**Marty Potter**

**Anne Arundel Medical Center**

As a community hospital, we do community outreach with screenings.

**Dr. Jones**

Working with the Shore's Waterman's Association on skin cancer prevention, especially for cancer of the lip.  
Three boat captains were recently diagnosed with skin cancer on lips and they had assisted in the education effort.

**Sylvia Burch**

**American Cancer Society**

Cancer society would love to work with the Girl Scouts and have programs already available that could be used.

Wish to thank all here.

Applauds Anne Arundel County Department of Health and requests that they please continue the control programs.

Her wish list included:

Need increased attention to end-of-life issues and survivors.

Hospice should be available to underserved populations.

Medications made available for pain control.

Comprehensive screening for patients, as mentioned by Fran Phillips, who do not meet any eligibility for any health care services.

Need enforcement of laws to prohibit purchase of tobacco by youth.

Clean air bill to cover air in open cafes.

Need full-time fitness and nutrition person at Maryland State Department of Education.

State media campaign on all cancer related issues.

**Dr. Farrell**

Do you mean state or county department of education?

**Sylvia Burch**

State

**Marsha Bienia**

Are there no persons there now to do this?

**Sylvia Burch**

There is only part-time and more is needed so that kids can access the resources.

**Alice Horowitz**

All health care providers, especially the new ones, should have education on nicotine replacements.

Dentists should write more prescriptions for nicotine replacements.

**Marsha Bienia**

Why are dentists not doing this?

**Alice Horowitz**

Local data shows there is little emphasis on education on this for dentists and it is not a state dental board requirement.

**Dr. Farrell**

Is this a continuing education requirement?

**Alice Horowitz**

Yes, and they do offer it frequently but nicotine replacements and cessation education is not revenue producing, so there isn't much response.

**Dr. Farrell**

Should it be made mandatory?

**Alice Horowitz**

Only New York has a requirement for tobacco and oral screening education.

**Robert Villanueva**

If a person has good insurance and the dentist does an exam and a diagnosis is made, is there a fee paid for the exam and the diagnosis?

**Alice Horowitz**

An oral cancer exam should be part of the exam but it is not done as much as it should be. Nurse Practitioners and Medical Doctors routinely look into the mouth but they do not do an oral cancer screen. They also palpate neck glands, but again, not for oral cancer.

Insurance companies pay for the dental exam and will not pay for more (e.g., the full oral cancer exam).

**Dr. Jones**

There should be a way to convert education time to billing time for the dentist.

To add another procedure to Medical Doctors and Nurse Practitioners time would not be well received.

Dentists should include the oral exam as part of their examinations but bill for it by attaching it to an education billing code. Dentists could use the code already there. There would be a good response.

Train in dental school and reinforce with payment.

**Jason Spangler**

**Anne Arundel County Department of Health Intern**

Nothing about smoking cessation was taught in his medical school and he does not believe that any schools put an emphasis on prevention.

Prescriptions were covered, but there was no emphasis on cessation drugs.

Smoking cessation is difficult since the drugs are not covered. Person would love to do it but cannot afford it, so they do not do it.

**Robert Villanueva**

Payment for replacement prescriptions was part of a bill a few years ago but did not pass.

**Dr. Farrell**

For other types of insurance there are risk managers who look at risk as issues, but this is not true for health insurance.

**Robert Villanueva**

Maryland has passed every mandate presented and is now focused on pain management and end-of-life care.

**Alice Horowitz**

NIH conducted focus groups, including Medical Doctors, Nurse Practitioners, and Dentists. Several participants suggested that prevention was not part of their responsibility.

**Dr. Farrell**

Were the professionals smokers?

**Alice Horowitz**

This was not one of the questions, but the rate is low.

**Gabrielle Ferguson**

**NIH Dental School Graduate Student**

South Carolina Dental School students smoke, and she is sure other dental students also smoke.



South Carolina Dental School students must take the National Cancer Institute's course on smoking cessation.

Offer it as part of University of Maryland School of Dentistry - it would be very useful to the community.

**Mary Ann Woodzelle**

It is difficult to get people in for screening unless they are motivated.

It is easier to get women in for breast and cervical exams, but more difficult to get colorectal exams done, especially in men.

Providers are needed for the foreign populations.

**Robert Villanueva**

Do incentives work?

**Dr. Jones**

Colon cancer could use a more positive role model. That would be valuable.

**Mr. Villanueva**

Thanked the participants. He asked that people send any other comments to Virginia Thomas at University of Maryland, Baltimore County and/or check out the Cancer Plan's website: [www.marylandcancerplan.org](http://www.marylandcancerplan.org).